

## CLAIMS ONLY

Application Number

10060536

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					/	
2					/	
3					/	
4					/	
5					/	
6					/	
7					/	
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50						
Total Indep					4	
Total Depend					14	
Total Claims					18	

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						